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ARTHROCARE CORPORATION  
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10950 U.S. PTO

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10950 U.S. PTO  
12/12/00  
Att. Docket No. C-8-2

"Express Mail" Label No. EF414906263US

Date of Deposit December 12, 2000

**PATENT APPLICATION**  
**ASSISTANT COMMISSIONER FOR PATENTS**  
Washington, D. C. 20231

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

By: *John T. Raffle*

Sir:

Transmitted herewith for filing is the ☐ patent application,  
☐ design patent application, ☒ continuation-in-part patent application of

Inventor(s): **PAUL O. DAVISON and JEAN WOLOSZKO**

For: **ELECTROSURGICAL SYSTEMS AND METHODS FOR RECANALIZATION OF OCCLUDED BODY LUMENS**

- [X] This application claims priority from each of the following Application Nos./filing dates:  
09/062,869 / April 20, 1998; 08/874,173 / June 13, 1997; 09/002,315 / January 2, 1998.
- [X] Please amend this application by adding the following before the first sentence: --This application claims the benefit of U.S. Provisional Application No. 60/203,443, filed May 10, 2000 the disclosure of which is incorporated by reference.--

Enclosed are:

- [X] 50 sheet(s) of ☐ formal ☒ informal drawing(s).  
[X] An assignment of the invention to ArthroCare Corporation.  
[X] A ☒ signed ☐ unsigned Declaration & Power of Attorney.  
☐ A ☐ signed ☐ unsigned Declaration.  
[X] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☒ is enclosed ☐ was filed in the earliest of the above-identified patent application(s).  
☐ Information Disclosure Statement under 37 CFR 1.97.  
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.  
[X] The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	102 -20=	* 82
INDEP CLAIMS	11 -3=	* 8
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

OTHER THAN A

SMALL ENTITY

RATE	FEE
	\$355
X9=	\$738
X40=	\$320
+135=	\$
TOTAL	\$1413

OR

SMALL ENTITY

RATE	FEE
	\$710
X18=	\$
x80=	\$
+270=	\$
TOTAL	\$

OR

\* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee  
☒ Any additional fees associated with this paper or during the pendency of this application  
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

\$ 1413.00

☐ A check for \$ \_\_\_\_\_ is enclosed.  
1 extra copy of this sheet is enclosed.

Respectfully submitted,  
ARTHROCARE CORPORATION

ph: (408) 736-0224

John T. Raffle  
Reg. No.: 38,585